

James J. Bianco, Jr.
(Print Name of lobbyist)

PLEASE PRINT

### STATE OF NEW HAMPSHIRE

#### 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

# RECEIVED

OCT 3 1 2018

NEW HAMPSHIRE DEPARTMENT OF STATE

II. Name of lobbyist's	partnership, firm or corpo	oration, if any:		
Rian	co Professional Associa	ation		
	of partnership, firm or corpora			
18 Centr	re Street (	Concord	NH	03301
Business Address: (Stre		own/City)	(State)	(Zip Code)
603) 225-7170	(603)_22	6-0165	e-mail attys@bi	ancopa.com
(Telephone)	(005)	(Fax)	C-111(4)1	
eportable expense tra	vers: (Choose one – file sep insactions which are not at actions occurring in the mor	ttributable to any oths prior to the rep	one client). orting date relative to the	
	WellCare	Health Plans, In	с.	
OR  All reportable trans unrelated to any particular.	actions by the lobbyist (incl llar client.	uding the lobbyist'	s family), or the lobbying	; firm listed below which a
V. Date of Report	April 25, 2018 🗆	7/31/16	July 25, 2018 🗍	
Reparts cover: activi	ty fram date of registration to . October 31, 2018 🛚	1/31/18 acm	January 30, 2019	
4	activity from 7/1/18 to 9/30/18	acti	ivity from 10/1/18 to 12/31/	18
V. There have been If this box is checked, o Concord, NH 03301.	no fees received and no complete just this form ond s	reportable trans ubmit it to the Secr	eactions made since the etary of Stote's Office, St	e last report.   Ote House, Room 204,
	al reports are attached:			
	ed fees or made expenditures			
☐ If you have paid ar Expense Reimburseme	honorarium or reimbursed	expenses, you mus	t tile Addendum B- Rep	ort of Honorariums or
	or your family has made poli	itical contributions,	you must file Addendui	n C-Political Contributio
	·			
Sworn Statement/Affi	irmation by Lobbyist SA 15-B RSA 149C and RS	A 664 and hereby	swear or affirm that the fo	oregoing information is tru
I have read RSA 15, R and complete to the be	st of my knowledge and beli	eľ.	October 31, 2018	

### STATE OF NEW HAMPSHIRE

# Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

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11. Name of lobbyist's partnership, firm or corporation, if any:	
Bianco Professional Association	
(Name of partnership, firm or corporation)	
III. Name of Client WellCare Health Plans, Inc.	Date 10/31/2018
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greduced by any expenses:	nt relations, or public relations service
a) Total of all fees received in this reporting period	a) \$ 11,350
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar	b) \$ 26,292 year)
c) Total of all fees received to date (Add lines a and b)	c) \$ <u>37,642</u>
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$ <u>0</u>
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to refees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report Expenses are to be reported in one of three categories of expenses: (a) to during the reporting period for salaries, benefits, support staff, and office individual expenses where the expenditure was of \$25.00 or less (for exampliance that cost was \$25.00 or less, purchase of a pen with a value of the being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this reparance purpose not covered by (a) (for example: purchase of a meal with value greater than the purchase of a legislative reception). Expenses for honorarium contributions will be reported on separate addendums and should not be reported.	n client and if expenditures are made may be filed for the lobbyist(s)/fir he aggregate total of all expenses prexpenses; (b) the aggregate total of iple: meals purchased during a busing less than \$10 that is given to the personed with a value of \$25.00 or less); a porting period of greater than \$25.00 alue of greater than \$25, purchase of a ter than \$25, but not greater than \$25, expense reimbursement, or politic
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) \$ 11,350
b) Total aggregate of expenditures during this reporting period, not reported in a) of \$25 or less	d b)\$0

c) Total of all itemized expenditures reported in detail in section VI.

d) Total expenses for this reporting period (Add lines a, b and c)	d) \$ 11,350
e) Total of expenses paid this calendar year, prior to this reporting period (This should be the amount on line f of addendum A for last month's report)	e) \$22,542
f) Total of all expenses year to date	f) \$ 33,892
VI. Other Expenses: Provide the following detail for all expenditures of more than \$25 made from leperiod, including by whom paid or to whom charged.	obbying fees during this reporting
Paid to:	Amount:
	\$
	\$
	\$
	\$
	\$
	\$
Sworn Statement/Affirmation by Lobbyist	
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affir is true and complete to the best of my knowledge and belief.	m that the foregoing information
<i>\</i>	10/31/2018
(Signature of lobbyist)	(Date)
James J. Bianco, Jr. // (Print Name of lobbyist)	

## State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

Use this form to swear or affirm the truth and completeness of Income and Expense Statements and related Addendums.

Sworn Statement/Affirmation by Lobbyist Statement of Income and Expenses for:

Name of Lobbying partnership, firm, or corporation: Bianco Professional Association
Name of Client (leave blank if Statement is for the partnership, firm, or corporation and not related to any particular client): WellCare Health Plans, Inc.
Date of Report (check one):
April 25, 2018 □ July 25, 2018 □ October 31, 2018 ☒ January 30, 2019 □
I have read RSA 15, RSA 15-B, RSA 664, the Statement of Income and Expenses described above, and the following Addendums submitted with that Statement (insert the number of Addendum forms being submitted):
Addendum A(s).
Addendum B(s).
Addendum C(s).
I hereby swear or affirm that the foregoing information on the Statement and each Addendum is true and complete to the best of my knowledge and belief.  October 31, 2018
(Signature of lobbyist) (Date)
(Print Name of lobbyist)

### State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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particular client): Well	Care Health Plans,	Inc.	
Date of Report (check o	ne):		
April 25, 2018 🗆	July 25, 2018 🗆	October 31, 2018 🛚	January 30, 2019 🛘
I have read RSA 15, RS the following Addendur submitted):	SA 15-B, RSA 664, tons submitted with the	he Statement of Income ar nat Statement (insert the na	nd Expenses described above, an umber of Addendum forms bein
Addendum A(s)	ı <b>.</b>		
Addendum B(s)			
Addendum C(s)	ı <b>.</b>		
I hereby swear or affirm complete to the best of i	n that the foregoing in that the foregoing in the	nformation on the Stateme elief.	nt and each Addendum is true ar
Χ(		<u>Oc</u>	tober 31, 2018
(Signature of lobbyist)	5		(Date)
Karen Soucy			
(Print Name of lobbyist	)		

# State of New Hampshire Signature Form for Associated Lobbyist RSA Chapter 15

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Addendum A(s).			
Addendum B(s).			
Addendum C(s).			
I hereby swear or affirm that the foregoing info complete to the best of my knowledge and believe	formation on the Stateme	nt and each Addendum is true and	
(Signature of loobyist)	<u>O</u>	(Date)	
Kathy Corey Fox			
(Print Name of lobbyist)			